Training Osteopathic Primary Care Educators (TOPCE)

2010 Faculty Development Workshop
Integrating Osteopathic Concepts in the Assessment of Learners

2010 OMED Conference
Sunday, October 24, 2010, 8 am to 12 noon
Marriott Marquis, San Francisco, CA

Tyler Cymet, DO
Michael P. Rowane, DO, MS, FAAFP, FAAO
Evelyn A. Schwalenberg, DO, MMEL, FACP, FACOI
Program presenters
- DO NOT have an interest in selling a technology, program, product, and/or service to CME/CE professionals.
- Have nothing to disclose with regard to commercial relationships.
- The content of this presentation
  - Does not relate to any product of a commercial interest.
- Therefore, there are no relevant financial relationships to disclose.
OPEN SESSION ACTIVITY

- PLEASE FILL OUT PRE-PROGRAM SURVEY
- PROGRAM WILL BEGIN WHEN ALL SURVEYS COLLECTED
Training Osteopathic Primary Care Educators (TOPCE) *

- Welcome
- Introductions
- Why are you here?
- Why are we here?

*Training Osteopathic Primary Care Educators
Program Learning Objectives

At the conclusion of this program, participant will be able to:

- Understand the perspectives people have on faculty development and will identify the value of participating in a faculty development program(s).

- Define the characteristics that will promote the integration of osteopathic principles and practices when there is feedback and evaluation between a learner and supervising physician.

- Identify effective and appropriate assessment tools to integrate osteopathic concepts in clinical precepting and training settings.

- Apply the “One Minute Osteopathic Preceptor” to assess, give feedback and evaluate learners effectively in an osteopathic pre-doctoral and post-doctoral settings.

Training Osteopathic Primary Care Educators
Agenda

- Interactive Presentations
  - 8:00 am – 8:15 am: Introduction
  - 8:15 am – 9:15 am: Introduction to Faculty Development
  - 9:15 am – 9:25 am: Break
  - 9:25 am – 10:15 am: Foundations of Assessment in Clinical Precepting in Primary Care/OMM
  - 10:15 am - 10:25 am: Break
  - 10:25 am - 11:45 am: The “One Minute Osteopathic Preceptor” Model in Primary Care/OMM
  - 11:45 am – 12 noon: Summary and Feedback
Integrating Osteopathic Concepts in the Assessment of Learners:

Are Academic Doctors Necessary?

Tyler Cymet, DO
Associate VP for Medical Education
AACOM

Michael P. Rowane, DO, MS, FAAFP, FAAO
Evelyn A. Schwalenberg, DO, MMEL, FACP, FACOI
Part I: Objectives

At the conclusion of this session, participant will be able to:

1. Understand who has the responsibility for educating osteopathic medical students at COM’s

2. Introduction to TOPCE

3. Differentiate osteopathic and allopathic medical school training and faculty models

4. Develop a list of the skill sets necessary for an academic to master.
Welcome to TOPCE*

COME vs TOPCE

- Role at AACOM
  - Create a community of academic physicians
  - Work on clinical education-rotations, GME
  - Staff councils like ECOP, International Collaborative, SOME

*Training Osteopathic Primary Care Educators
Introduction to COME

A Response to Meet the Need for a Growing Osteopathic Profession

Osteopathic Academic/Faculty Development Program
Center for Osteopathic Medical Education
(COME)
Training Osteopathic Primary Care Educators
(TOPCE)

Tyler Cymet, DO
Michael P. Rowane, DO, MS, FAAFP, FAAO
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TOPCE - Training Osteopathic Primary Care Educators
Overview

- Understood Need
- COME-TOPCE Time-Line to develop unique training fellowship
- COME-TOPCE = Collaborate Effort
- Concept & Goal
- Audience
- Model
- Curriculum
- Challenges/Opportunities
Need for faculty development that is focused on an osteopathic perspective

- Challenge to Osteopathic Profession
  - Rapid Growth
  - Unique faculty needs-OP&P/OMM

- Osteopathic Academic/Faculty Development Program
  - Focus on Primary Care & OP&P/OMM/OMT

- Needs Assessment
## COME-TOPCE Time-Line

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>2006-2007</td>
<td>Ken Johnson, DO Initiated AAO Task Force presented to AOA Leadership</td>
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<tr>
<td>January 2008</td>
<td>AOA Faculty Development Task Force establishes the Center of Osteopathic Medical Education [COME] as an AOA Task Force under AACOM</td>
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<td>2008-2010</td>
<td>Strategic Development of Needs Assessment, Curriculum and Involvement of Osteopathic Organizations under the direction of AACOM</td>
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<tr>
<td>Spring 2010</td>
<td>HRSA Grant Application submitted with support of major AOA Organizations to develop Training Osteopathic Primary Care Educators [TOPCE] as key component of COME</td>
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<tr>
<td>September 2010</td>
<td>HRSA Grant Approved, but not funded</td>
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<tr>
<td>October 2010</td>
<td>OMED TOPCE Faculty Development Program</td>
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<tr>
<td>Future</td>
<td>Preparation for next grant cycle opportunity</td>
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Presently = Collaborate Effort

- AOA
- AAO
- AACOM / ECOP
- AODME
- ACOFP
- ACOI
- ACOP
- NBOME
- Deans of COM
Concept

- An academic education fellowship

- Primarily modeled after the successful Allopathic Internal Medicine-Family Medicine academic/faculty development fellowships:
  - University of Mass
  - UNC-Chapel Hill
    - Most successful FM away academic fellowship model > 30 years
    - NIPDD [National Institute of Program Director Development]

- Complete focus = integrating the osteopathic concept

- Focus is on DOs in Primary Care & NMM-OMM
Goals

- Develop osteopathic medical school faculty and leaders, as well as graduate medical education leaders through education and mentorship.

- Increase osteopathic level/awareness in osteopathic medical undergraduate and postgraduate programs.

- Offer a unique academic role integrating osteopathic concepts into osteopathic medical undergraduate and postgraduate programs.

- Complement other Osteopathic Faculty Development training programs:
  - Masters in Medical Education [UNE-COM, LECOM]
  - Masters in Health Management [ATSU]
  - Costin Institute
  - Health Policy Fellowship
Current Level of Development

- Curriculum for each section has been outlined

- Target participant profile:
  - Primary Care DOs
  - 20 participants to be selected from applicants per annual class

- Faculty (to be selected):
  - 4-6 core faculty
  - Guest faculty

- Learning formats identified:
  - Large group
  - Small group
  - Individual

- Potential credit toward a Master’s degree with preliminary agreement with UNE-COM & ATSU [LECOM?]
Requirements

- **Prerequisites:**
  - DO degree
  - Residency/Residency Equivalent

- Attend sessions for didactics

- Required assignments

- Scholarly Project to benefit home site
Target Participants

- COM Primary Care & OMM Departments & Primary Care/OMM Post-graduate training Programs

- Candidates:
  - Junior Faculty
  - Mid-Level Faculty
  - Community Faculty
  - Potential Primary Care/OMM Chairperson
  - Potential Primary Care/OMM Program Director
  - Potential DME’s. Assistant-Associate Deans

- Individuals in other osteopathic medical/surgical departments & residency programs
Time Frames for TOPCE Program

- 4 sessions
- 3-4 days per session
- Sessions 1 and 4 will overlap

- Session 1: August-AACOM
- Session 2: AOA Convention
- Session 3: AAO Convocation
- Session 4: August-AACOM
Core curriculum components

1. **Teaching & Learning**
   Osteopathic focused teaching strategies, learning modalities, how to write good test questions, etc.
   Examples: Master Teacher Series; NBOME Training Sessions

2. **Scholarship & Curriculum**
   Curriculum development that integrates osteopathic concepts
   Required Scholarly Project to enhance home site

3. **Professional Enhancement, Communication & Leadership Development**
   How to survive and thrive
   Role as professionals and as future advocates for the osteopathic profession within complex organizations.
   Instruction in written, oral and demonstration skills to convey the unique aspects of Osteopathic Principles and Practices (OPP).
Opportunities / Challenges

- **Opportunities**
  - Provides the profession with focused intervention meeting need for osteopathically oriented educators
  - Unified contributions from various organizations in the profession [Everyone is at the table]

- **Challenges**
  - Cost
    - If unable to obtain significant grant support, who pays for this?: Individual, Program [SOM, Residency site, ...]
  - Time [Need some protected time for participants at home site]
AOA COME Task Force

Boyd R. Buser, DO
Dean, Pikeville College, School of Osteopathic Medicine
Board of Trustee, American Osteopathic Association

Tyler Cymet, DO
Associate Vice President for Medical Education, American Association of Colleges of Osteopathic Medicine

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Michael P. Rowane, DO, MS, FAAFP, FAAO [Co-Chairperson of COME Task Force]
Associate Clinical Professor of Family Medicine and Psychiatry, Case Western Reserve University
Director of Medical Education, University Hospitals Richmond Medical Center
Director of Osteopathic Medical Education, University Hospitals Case Medical Center

Evelyn Schwalenberg, DO, FACP [Co-Chairperson of COME Task Force]
Director of Faculty Development, University of New England College of Osteopathic Medicine

Stephen Shannon, DO, MPH
President and CEO, American Association of Colleges of Osteopathic Medicine

Clint W. Snyder, PhD
Associate Dean, Osteopathic Primary Care Education
Northeastern Ohio Universities Colleges of Medicine and Pharmacy
Academics: Continued

Training Osteopathic Primary Care Educators
COM Faculty

- Family Physicians
- OMM Specialists
- Administrators
- Full Timers
- Part Timers
- Volunteer
COM Faculty

Faculty adequate to meet the curriculum.

Medical education (continued)

Evaluation of faculty resources to meet curricular needs in an osteopathic medical school

JOHN N. HOWELL, PHD; MICHAEL WEISER, MS; BARBARA ROSS-LEE DO; PETER B. DANE, DO

The type of curricular change occurring now in many of the nation’s medical schools typically places increased demands on faculty time and tends to change the nature of at least part of the faculty contact with students. For example, the move toward a more problem-based or case-based curriculum tends to shift faculty effort away from lecturing and toward small group facilitating. Concurrently, restricted fiscal resources at many medical schools preclude hiring new faculty to cover these increased demands. Thus, the changes taking place in America’s medical schools require well-performance, reward and promote faculty, and recognize teaching achievement. These methods focus on faculty resource availability and not on specific curricular demands.

Curriculum planners need to be able to anticipate the demands of proposed curricular changes. They must anticipate whether the school has the necessary faculty resources, as opposed to dealing with faculty shortages after the fact. This type of planning is especially important for the establishment or accreditation of any new medical school. Failure to adequately provide for curricular needs with approach, coupled with high resource demands of the PCC in terms of faculty time, led the college to develop a clinical presentation curriculum (CPC). This new curriculum design, modeled after the University of Calgary curriculum revision, places the learning of medicine and biomedical science in the context of clinical problem solving. It has incorporated problem-based learning, but also retains formally scheduled lectures and labs, although at a substantially reduced number compared to the previous curriculum. Within the new curriculum design, the faculty has prepared a comprehensive list of learning objectives that define the curriculum and serve as the basis for learning and testing. The Curriculum Advisory Committee (CAC), the group that oversees curriculum reform, decided to reserve lectures either for the most difficult material or for areas in which students would benefit from explicit orientation as they first encountered the subject.

The problem-based learning component of the new curriculum increased the faculty time needed for curriculum delivery. Thus, the college faced the question of whether it had the faculty resources to
COM Faculty

- Self Selected
  - SOME-sign up and you are on.
  - Those who do not subscribe to Winston Churchill’s feelings on the confirmed unteachability of mankind
Society of Osteopathic Medical Educators (SOME)

Get connected to your colleagues across campus and across the country.

The Society of Osteopathic Medical Educators is an open-membership society of osteopathic medical educators (faculty and staff) who are involved in planning and/or providing osteopathic medical education programs along the full continuum of osteopathic medical education. The Society seeks to include those involved in educational programs through the colleges of osteopathic medicine, osteopathic post-graduate training institutions (OPTs), specialty colleges, and continuing medical education programs. The mission of the society is to promote the continuous collaborative improvement of osteopathic medical education.

SOME Listserv - Please Join Us!

- Send an e-mail to the group (members only): some@lists.aacom.org
  (See SIG pages at left for individual SIG listservs)
- Sign up for this group
  Note that you must become a member to use the listserv and participate in the Special Interest Groups. See Community Guidelines, List Instructions, and Agreement for more information.

AACOM Staff Liaisons:
Linda Heun, PhD, VP for Medical Education, lheun@aacom.org
Tyler Cymet, DO, Associate VP for Medical Education, icymet@aacom.org

View Steering Committee Roster

SOME Collaborative Site
## Comparing DO and MD faculty

<table>
<thead>
<tr>
<th>Osteopathic Faculty</th>
<th>Allopathic Faculty</th>
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<tbody>
<tr>
<td>- Come out of practice world</td>
<td>- Start out of residency (no road back home)</td>
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<tr>
<td>- Hospital Based</td>
<td>- University Based</td>
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## The differences in Osteopathic and Allopathic Education

### Osteopathic
- Early focus on exam and musculoskeletal focus (French and Italian model of medical education)
- Distributive model-training in different settings. All COM’s have at least three months of training outside of hospitals

### Allopathic
- Laboratory focused (German model of medical education)
- Focused on academic medical centers (approximately 100 MD schools have 4 weeks or less of training outside of a hospital. 30 Community based MD schools have more)
Why have faculty at all?

- Problem based learning
- Team based learning
- If you give the students the opportunity, they will teach themselves.
A Separate Class of Teachers

- 1870’s MD schools hired full time faculty
- At the time of Flexner-1910 there were 613 full time faculty at 131 American MD schools (average per school with full time faculty was 7-8 with 47 schools having no full timers)
- For MD’s the rise of the University and partnership between university and MD schools led to increased faculty funded by medical research.
History of Osteopathic Education

- 1975-2001 Only one new MD School.
- 6 new DO schools that are state supported.
Academic Physicians

- What is our body of knowledge?
  - Curriculum Development
  - Teaching
  - Learning Theories
  - Scholarly Activity
  - Research
  - Leadership
  - Professional Development
  - Academic Survival
Training to be an Academic

Faculty Development

Accreditation standards require that each osteopathic medical education program provide faculty development for its staff, including an orientation to osteopathic medicine for non-DO faculty. Use the links below to view an orientation to osteopathic medicine.

Introduction to Osteopathic Medicine for Non-DO Faculty: What Makes an Osteopathic Education Different?

- [View the video](2010, wmv, 21 minutes) Please answer a brief survey regarding this video presentation.
- [View the PowerPoint](2010, ppt, 22 slides)

Education Scholar Modules

The [Education Scholar Modules](#) provide online, interactive learning modules based on the [Carnegie Model of Academic Excellence](#). The Carnegie Model is also the basis for the National Academic of Osteopathic Medical Educators (NAOEME) as well as most individual faculty academies. Additionally faculty can choose to develop their educational philosophy and skills sets by becoming an AACOM Scholar-in-Residence or completing a more formal degree or certificate program in medical education.

Member School Faculty Development Resources

The following links are resources our member schools have been willing to share:

- [OU-COM Faculty Development Resources](#)

Certificate or Degree Programs in Medical Education

- [Doctor of Health Education](#) (online degree) - ATSU - This degree is designed to create educators recognized as innovative leaders in educating patients, students, and peers, as well as achieving excellence in policy development, program design, management, implementation, and evaluation of local issues.
- [Costin Institute](#) - The Costin Institute for Osteopathic Medical Educators – CCOM - an academic program specifically designed for Osteopathic Medical personnel currently involved in teaching, academic management as well as those aspiring to a career in medical academia.
The Costin Institute for Osteopathic Medical Educators is an academic program specifically designed for Osteopathic Medical personnel currently involved in teaching academic management as well as those aspiring to a career in medical academia.

The Costin Institute was established at Midwestern University in 2003 through an endowed contribution from the Osteopathic Heritage Foundation. It is named in honor of J. Richard Costin, D.O., one of the osteopathic profession’s leading surgeons and teachers of general surgery. Dr. Costin is a 1949 graduate of Midwestern University’s Chicago College of Osteopathic Medicine (CCOM). Dr. Costin served as chairman of the board of CCOM and participated in the transition of a single college into a full university with five colleges.
“It’s all become so Disneyfied.”
How do Academics Justify their existence to a skeptical

- Public
- Administrator
- Department Chief
- Significant other(s)
What is paid for vs. what is done by academic COM faculty

- The evening and weekend scenario for research production and the rise of the minigrant, and pilot project.
On Becoming a Professor

- What does an academic title signify?
- Is the faculty title linked to academic responsibilities?
- How does this individual create, nurture or sustain the academic environment?
- Skills that a Professor should have?
  - Can you call someone an intensivist who cannot intubate?
Profession

- A self regulating group with a shared body of knowledge.
- Ethical standards
- Intellectual standards
- Work/Role standards

Obligations:
- Transmit values and ethics of the profession
- Maintain meaning to the faculty title
Is the chief role of an academic, the production and dissemination of ideas?

The shepherding of students through the medical education system?

Create a lifelong learner capable of self advancement

Assess the effectiveness of your teaching (self awareness)
Are Academic Docs:

- What role do we want?
  - Ivory Tower Professors
  - Student Managers
  - School Administrators

- What are the skills needed to become an academic doctor?
  - Formal
  - Informal
What an Academic DO does:

- Teaching: Yes
- Research: No
- Patient Care: OH BOY, YES!
Rise of the New Academic

- New knowledge with clinical utility
- “Is there anything harder than imparting knowledge”—The hidden curriculum in medical schools, the helping of students to become healers, not knowledge workers.
Osteopathic Medical Educators are Different

- Seekers of Glory, not Gold
  - Seekers of skills
  - motivators
- Help me identify the characteristics of an educator?
  - Curriculum Development
  - Teaching
  - Learning Theories
  - Scholarly Activity
  - Research
  - Leadership
  - Professional Development
  - Academic Survival
Who leaves their field

- ER-untrained docs leave at a much greater rate than trained docs
- Program Directors-Lifespan is 3 years, if trained the lifespan doubles.(NIPPD)
Professions Statement on Faculty Development

- All Clinical Faculty must participate in Faculty development.
- Category 1A Continuing Medical Education credits for participation in online Faculty Development modules.
- Should the AOA develop an office of Faculty Development?
  - No, it is up to the OPTI's and Specialty Colleges.
- Seek Funding for the Faculty Development programs and the continuum.
We have reviewed and participants can now:

1. Understand who has the responsibility for educating osteopathic medical students at COM’s

2. Introduction to TOPCE

3. Differentiate osteopathic and allopathic medical school training and faculty models

4. Develop a list of the skill sets necessary for an academic to master.